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To: Commissioner for Patents
Fax Number: (703) 872-9306
Date: November 3, 2004
Pages: 15 pages (including this cover sheet)

MESSAGE:

Application No. 09/843,548
Examiner H. Phillips
Art Unit 2151

Amendment Transmittal
Amendment

JP919990027US1
(590.049)

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FERENCE & ASSOCIATES
Amendment Transmittal

Atty. Docket No. JP919990027US1
(590.049)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of : Koichi Nakamura
Serial No. : 09/843,548 Examiner : H. Phillips
Filed : April 26, 2001 Group Art Unit : 2151
For : OWNER IDENTIFICATION OF COLLABORATION WORK
OBJECT

HON. COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

1. ☐ Applicant requests an extension of time to respond to the outstanding Office Action. A Petition for an extension of time is enclosed.
- OR
2. ☒ In the event that an extension of time is required, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.
3. ☐ Small Entity status of this application has been established by a verified statement previously submitted.
4. ☐ A verified statement to establish Small Entity status is enclosed.

CERTIFICATE OF FACSIMILE TRANSMITTAL

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being facsimile transmitted on (703) 872-9306 on November 3, 2004 to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Stanley D. Ference III

(Type or print name of person transmitting paper or fee)


(Signature of person transmitting paper or fee)

Page 1 of 2

PERENCE & ASSOCIATES
Amendment Transmittal

 Atty. Docket No. JP919990027US1
 (590.049)

5. ☐ Also enclosed: _____
6. ☒ No additional filing fee is required.
7. ☐ The filing fee has been calculated as shown below:

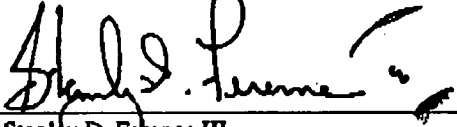
	Claims Remaining After Amendment (Col. 1)	Highest No. Prev. paid for (Col. 2)	Present Extra (Col. 3)	<u>SMALL ENTITY</u>			<u>OTHER THAN A SMALL ENTITY</u>		
Total	16	** 20	= * 0	x	\$9	=	O	x	\$18
Claims							R		
Ind.	5	*** 5	= * 0	x	\$44	=	O	x	\$88
Claims							R		
<input type="checkbox"/> Multiple Dependent Claim Presented				+	\$150	=	O	+	\$300
							R		
					TOTAL	= \$		TOTAL	= \$

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- ** If the "Highest No. Prev. paid for" in this space is less than 20, write "20" in this space.
- *** If the "Highest No. Prev. paid for" in this space is less than 3, write "3" in this space.

8. ☐ Applicant encloses herewith a check for \$_____ to cover the filing fee.
9. ☐ The Commissioner is hereby authorized to charge the \$_____ filing fee to Deposit Account No. 50-0510.
10. ☒ The Commissioner is hereby authorized to charge payment of any additional filing fees associated with this communication or credit any overpayment to Deposit Account No. 50-0510.

Respectfully submitted,

PERENCE & ASSOCIATES

 By 
 Stanley D. Ference III
 Reg. No. 33,879
Dated: November 3, 2004**Mailing Address:**
Customer No. 35195
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